



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1051767

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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GEOLOGICAL REPORT

John Jay Darrah, Jr.

Marshall #25

NW SE SW NW Section 1-T24S-R9E

Greenwood County, Kansas

COMMENCED: 08-23-10

STATUS: Oil

COMPLETED: 08-28-10

A.P.I. #: 15-073-24143

CONTRACTOR: Rig 6 Drilling Company

OPERATOR LIC.: 5088

SIZE OF HOLE: 6 3/4"

FIELD: Thrall-Aagard

SURFACE PIPE: 8 5/8"

ELEVATION: 1359 G.L. Est.

CEMENTED WITH: N/A

LOGS: None

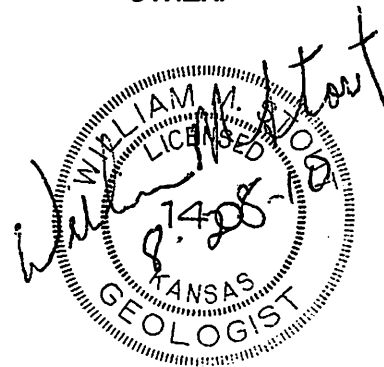
LONG STRING: 4 1/2"

MUD SYSTEM: Chemical

CEMENTED WITH: N/A

OTHER:

R.T.D.: 2380'



William M. Stout
Geologist

FORMATION TOPS

1359 G.L. Est.

	<u>Sample</u>
Ardmore	2159 -830
Bartlesville Sand	2309 -950
Base Bartlesville Sand	2320 -961
Total Depth	2380 -1021

SAMPLE DESCRIPTIONS

Bartlesville Sand 2309' (-950)

2309' - 2320'

Sandstone - light brown, fine grain, micaceous, friable, some calcareous, fair odor, light stain, show free oil with gas bubbles, fair fluorescence, poor to fair porosity.

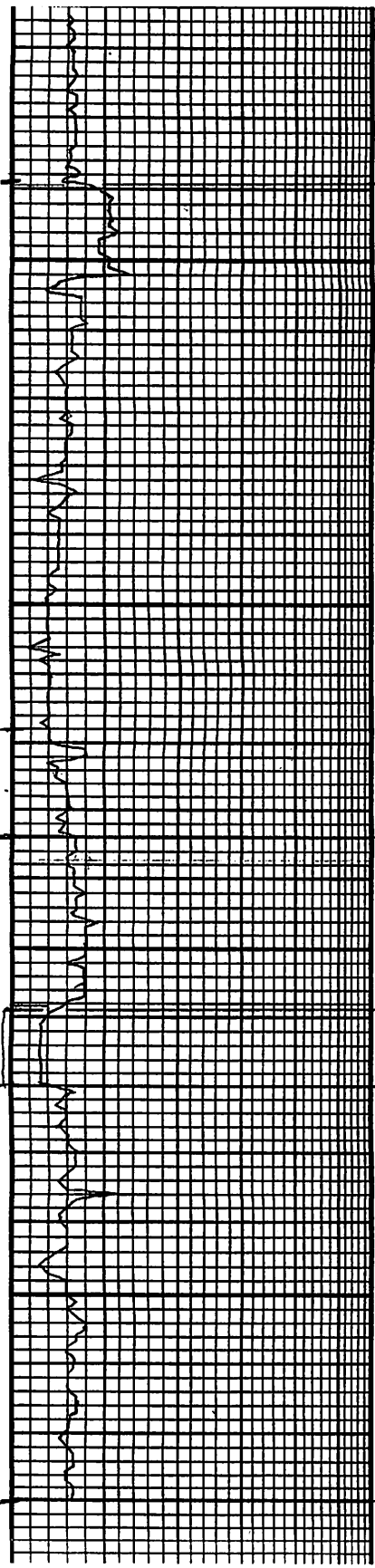
CONCLUSIONS

The decision to run casing was made to further evaluate the Bartlesville Sand through perforations.

LEGEND

Anhydrite	Salt	Sandstone	Shale	Carb sh	Limestone	Ool. Lime	Chert	Dolomite

DRILLING TIME IN MINUTES PER FOOT Rate of Penetration Decreases 	DEPTH	LITHOLOGY	SAMPLE DESCRIPTIONS	OIL SHOWS	REMARKS
	2100		Ls-Lt. BEN, BEN, F-X, FOS. DNS. NS. NUP 2/SN. BCCARD.		1359 G.L.
			SN-Ly, LRM, W/SS. Lt. Gy F-G. GLO. HD. WS. NUP		
			SN-Ly LRM, S/SPY. WAXY.		
			SN-Ly GRN. DLGY.		
	50		SN-Ly DLGY GRN.		



2200

50

2300

50

SH-DK Gy GRN.
SH-AA.
Ls. Gy. H. Ben F. X. Fos. DAN. N ST NU P N/ SHL DK Gy BLK.
SH-BLK CARB. w/LS. AA.
SH-Gy. DK Gy. GRN.
SH-AA. S/BLK.
SH-DK Gy, Gy. GRN.
SH-AA.
SH-DK Gy Gy. BLK. to MYR.
SH-AA. S/SDY
SH-DK Gy Gy. S/BLK, SDY.
SH-AA. H.d. CALL IMP.
SH-AA.
SH-Lt. BRN F. G. MICA. FOL. FR OR. Lt. ST. S. F. ON/GB. FOL. V. P. P. 150/AA SH-AA. CARB. S. AA.
SH-Gy. DK Gy. GRN.
SH-AA.
SH-AA. to COAL
SH-DK Gy Gy S/COAL
SH-AA
SH-DK Gy Gy GRN.

ARDMORE
2189(-83c)

BARTLESVILLE
2309(-95c)

BASE
BARTLESVILLE
2320(-96i)

R.T.D.
2380(-102)



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 50905

FIELD TICKET REF # _____

LOCATION Thayer

FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-22-10		Marshall # 25	1	24S	9E	GW

CUSTOMER
John Jay Darragh

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh R	452T63	Eal Strickland
476 371	Landon	12W	SC
482	Eric		
453T91	Charles	710	
453T95	Trampis	459	Steve H-28
482T103	George	647	

WELL DATA

CASING SIZE <u>4 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>23 1/2" 24" (21)</u>	<u>Beardsville</u>

TYPE OF TREATMENT

Frac

CHEMICALS

Kelsub - Biocide - Stim - Breaker

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>1710</u>	<u>115</u>	<u>20.9</u>			<u>1400</u>	BREAKDOWN <u>N/A</u>
<u>20-40</u>		<u>21</u>	<u>1.5</u>		<u>↓</u>	START PRESSURE
<u>20-40</u>		<u>21</u>	<u>1.0</u>	<u>3,000#</u>	<u>↓</u>	END PRESSURE
<u>12-20</u>		<u>↓</u>	<u>1.0</u>		<u>1200</u>	BALL OFF PRESS
<u>12-20</u>		<u>↓</u>	<u>1.5</u>		<u>↓</u>	ROCK SALT PRESS
<u>12-20</u>		<u>↓</u>	<u>2.0</u>		<u>↓</u>	ISIP <u>823</u>
<u>12-20</u>		<u>↓</u>	<u>2.0</u>		<u>↓</u>	5 MIN <u>640</u>
<u>12-20</u>		<u>↓</u>	<u>2.5</u>		<u>1100</u>	10 MIN <u>610</u>
<u>12-20</u>		<u>↓</u>	<u>2.5</u>			15 MIN <u>594</u>
<u>12-20</u>		<u>21</u>	<u>3.0</u>	<u>↓</u>	<u>1250</u>	MIN RATE
<u>12-20</u>		<u>21</u>	<u>3.0</u>	<u>16,800#</u>	<u>6</u>	MAX RATE
<u>FLUSH CASING</u>	<u>30</u>	<u>21</u>			<u>1700</u>	DISPLACEMENT <u>37.5</u>
<u>TOTAL BBL'S</u>	<u>458</u>		<u>TOTAL SAND</u>	<u>19800#</u>		

REMARKS: setup equipment - hold safety meeting - *well previously acidized
shut down before complete flush + pack sand too tight

Location 2:00 PM - 3:50 PM 100 miles

AUTHORIZATION _____ TITLE Will Darragh DATE 9-22-10

Prepared by: Consolidated Oil Well Services

Company Name: John Jay Darrah Jr. Darrah Oil Company

Well Name: Marshall #25

Field: NW 1-24-9

Formation: Bville

County: GW

State: KS

Job Date: 09/22/10

Comments: Sand Frac

Perfs 2312-22, 21 shtsw

Fluids: 458 bbls, city, kcl, 25# gel, biocide

Proppants: 3000# 20/40, 16800# 12/20

Average Rate: 20.9

Average STP: 1250

Tubing:

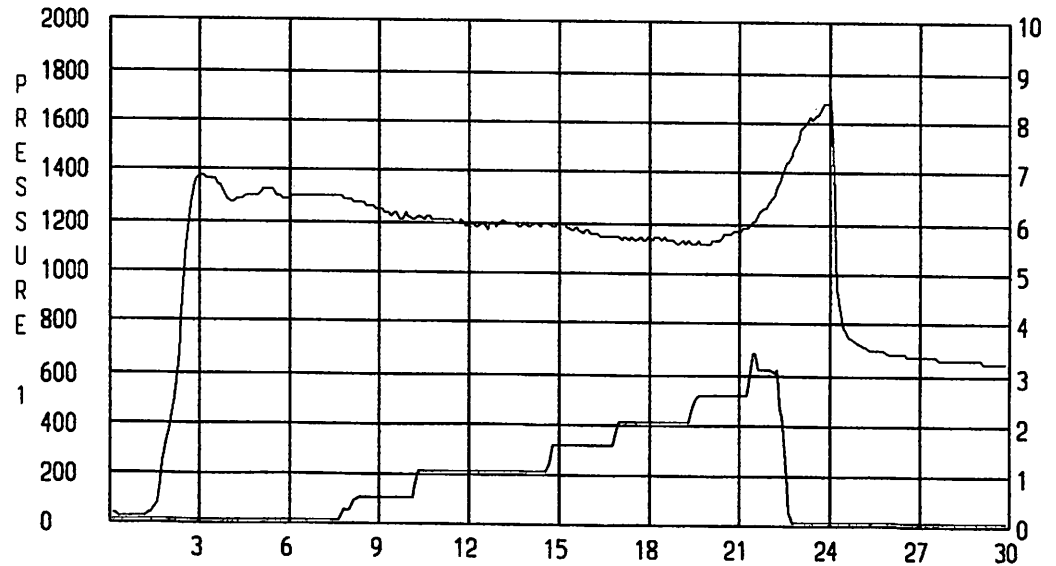
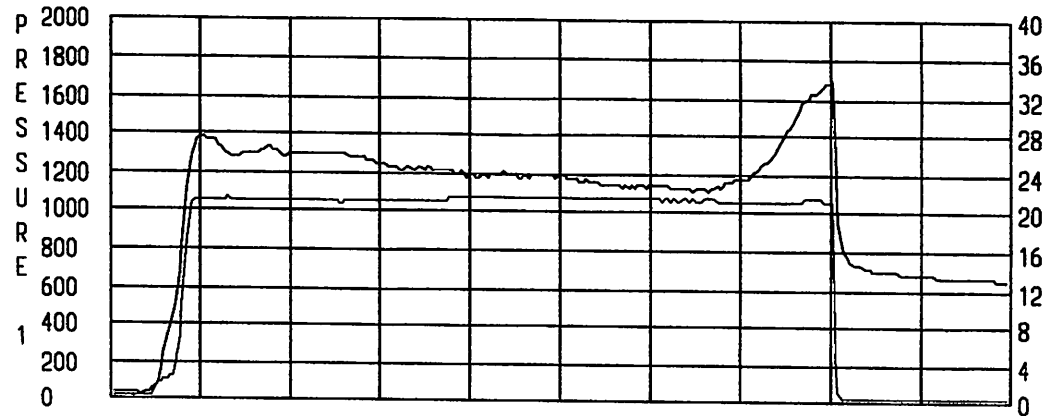
Casing: 4 1/2

Packer:

Filename: 08072501

Closure Pres: 4000

LINEAR PLOT



Elapsed Time (min), Start at 14:39:41

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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 29076
LOCATION _____
FOREMAN _____

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

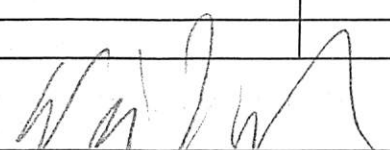
FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-10	2476	Marshall 25	1	24	4	GN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
John Jay Darrah JR			443	J.P		
MAILING ADDRESS						
225 N Market ST Ste 300						
CITY	STATE	ZIP CODE				
wichita	KS					

JOB TYPE Acid 0 HOLE SIZE 6 3/4 HOLE DEPTH 2380 CASING SIZE & WEIGHT 4 1/2 9.5
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 66 Bbls DISPLACEMENT PSI 800 MIX PSI _____ RATE 5 BPM

REMARKS: Safety meeting - Rig up to 4 1/2 casing - Slob down to bottom perfs (2312-2322) 21 shots (Drop 40 Ball sealers) - pump 250 Gallons 15% HCL acid 30.2 Bbls KCL water hole loaded 30.2 - Stage well 500' - 750' well broke at 850' over flush 50 Bbls KCL water - shutdown. Rig down swob well down to 1500' - Rig up to 4 1/2 again pump 950 gallons 15% HCL acid w/INH - prop 40 Ball sealers well balled off 2600' Release Ball Sealers wait 15 mins continue flush 66 Bbls KCL water - at 5 BPM 800' shutdown. 750' 5-mins 700' 10-min 680' Close well in. Job complete Rig down.
 Thank you
 Ed J.P. Scott

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE	790.00	790.00
5306	10	MILEAGE	3.65	36.50
3107	1200 Gallons	15% HCL acid w/INH	1.70	2040.00
3171	6 Gallons	Iron CONTROL	40.00	240.00
3175	6 Gallons	non Emul	33.00	198.00
3134	3 Gallons	Surface Tension Reducer	36.00	108.00
3172	3 Gallons	KCL	32.00	96.00
5311	1	Ball Gun Rental	100.00	100.00
4326	40	Ball sealers	3.00	120.00
3129	4500 Gallons	City water 14.90/1000	14.90	67.05
	4	water Truck (RS) midday Trucking	100.00	400.00
			SUBTOTAL	4026.55
			SALES TAX	
			ESTIMATED TOTAL	

AUTHORIZATION  TITLE W.J. Darrah DATE 9-14-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

WELL NUMBER 29112

LOCATION Eureka

FOREMAN Russell McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-28-2010	2470	Marshall # 25	1	24	4	GW
CUSTOMER John Jay Darrah JR			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 225 N. Market ST STE 300			520	CLIFF		
CITY STATE ZIP CODE Wichita KS			479	DAVE		
			543	DAVE		
			452 T-63	ED		

JOB TYPE Longstring 0 HOLE SIZE 6 3/4 HOLE DEPTH 2380 CASING SIZE & WEIGHT 4 1/2 9.5
 CASING DEPTH 2770 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.5 13.5 SLURRY VOL _____ WATER gal/sk 8.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 39 Bbl DISPLACEMENT PSI 800 MIX PSI Bump Plug 1300 RATE _____

REMARKS: Safety meeting. Rig up to 4 1/2 casing. Break circulation w/ 10 Bbl fresh water, mix 150 SK's 60/40 B/Gel 1/2 # Phenoseal at 12.5 # PT/GALLON TAIL IN w/ 60 SK's T.S. cement w/ 5 # Kolseal at 13.5 # SHUT DOWN, WASH OUT Pump + Lines, Release 4 1/2 TOP Rubber Plug. Displace w/ 39 Bbl water. Final pump PSI 800 # Bump Plug to 1300 # check FLOAT, FLOAT HELD. GOOD Circulation During cementing procedure. Job complete, TRAC Down.

NOTE Rotate casing during cementing procedure.

THANK YOU
Russell McCoy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	10	MILEAGE	3.65	36.50
1126 A	60 SK's	Thick set cement	17.00	1020.00
1110 A	300 #	Kolseal 5 # PT/SK	.42	126.00
1131	150 SK's	60/40 Pozmix	11.35	1702.50
1118 B	1050 #	= B/Gel	.20	210.00
1107 A	80 #	Phenoseal	1.15	92.00
5611	1	4 1/2 Rotating Head	100.00	100.00
5407	9.75 Tons	Ton mileage Bulk Trucks x 2	315	630.00
4404	1	4 1/2 TOP Rubber Plug	45.00	45.00
4156	1	4 1/2 FLAPER TYPE FLOAT SHOE	227.00	227.00
4129	2	4 1/2 x 6 3/4 Centralizer	40.00	80.00
	5,000 gallons	CITY WATER	14.50	72.50
5501C	4 hr	150 Bbl Transport	112.00	448.00
		SubTOTAL		5,714.50
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 3737

AUTHORIZATION W. J. Darrah

TITLE Boss

DATE 8-28-2010

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 29046

LOCATION EUTEKA

FOREMAN Kevin McCoy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-21-10	2410	MARSHALL # 25	1	24S	4E	6W
CUSTOMER John Jay DARRAH JR.			Rig 6 D-19.			
MAILING ADDRESS 225 N. MARKET ST. STE 300						
CITY WICHITA	STATE KS	ZIP CODE 67100				
TRUCK #	DRIVER	TRUCK #				
			445	Justin		
			479	Troy		
			436	ALAN M.		

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 203' CASING SIZE & WEIGHT 8 5/8" 23"
 CASING DEPTH 200' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL 24 BBL WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 11.7 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8 Casing. BREAK CIRCULATION w/ 5 BBL Fresh water. MIXED 100 SKS CLASS "A" Cement w/ 3% CaCl2, 2% Gel, 1/4" Floccle @ 15"/gal @ 1.35 yield. Displace w/ 11.7 BBL fresh water. Shut casing in. Good Cement Returns to SURFACE. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	700.00	700.00
5406	10	MILEAGE	3.55	35.50
11045	100 SKS	CLASS "A" Cement	13.10	1310.00
1102	280 "	CaCl2 3%	.73	204.40
1118 B	200 "	Gel 2%	.20	40.00
1107	25 "	Floccle 1/4"/sk	2.00	50.00
5407	4.7 Tons	Ton Mileage BULK TRUCK	M/c	305.00
5502 C	3 Hrs	80 BBL VAC TRUCK	96.00	288.00
1123	2500 gals	City water	14.50/1000	36.25
pd CC # 29046 # 2918.88				
Discount = \$ 110.04				
			Sub Total	2969.15
THANK You			SALES TAX 7.3%	119.77
23641			ESTIMATED TOTAL	3088.92

Ravin 3737

AUTHORIZATION Witnessed By Bub

TITLE Owner Rig 6 Delg.

DATE 8-21-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.